Exploring the breadth, context and application of different clinical approaches in the practice of homeopathy

What are the different methods of prescribing in homeopathy?

Why is homeopathic medicine practiced so differently worldwide, from one country to another, from one city, one village, one street, one consultation room to the next? It is not through any lack of tradition, research, evidence or rigour, all of which homeopathic medicine has in abundance. Rather, it is about interpretation of the key and fundamental principles of homeopathy and ultimately the immediate needs of the client and patient sitting in the consultation room in front of that practitioner. In order to take in and integrate this broad landscape, this book explores the historical, theoretical and practical application of the major methods employed by homeopaths across the globe.

Alastair Gray makes a rare figure in homeopathy today, a practitioner and teacher with the objectivity to analyze the disparate methods of homeopathy without favoring one approach. Alastair has mapped here the entire terrain of homeopathic prescribing, from Kentian to polypharmacy. He surveys this landscape with an honest and critical eye, giving both the new and the seasoned practitioner an opportunity to reflect on what it is we do.

Kim Elia, USA

Response to Volume One of the Landscape Series | Case Taking

Reading this book made me aware of what a huge task it is to become a homeopath ... of just how many pieces are involved in this one case-taking part of our process as healers. Alastair has provided a beautiful tableau for homeopathic educators and students - painting the broad strokes of a varied landscape and a plethora of fine lines as well. This is conversation about case-taking for the contemporary homeopath. And it is good. Very good.

Miranda Castro, USA

When an author begins a thoughtful and thorough work on a complex topic with the statement that the book is the first of seven, the reader knows that they are dealing with someone who is tenacious, with vision, and with a genuine passion for their subject. Alastair Gray has all of these qualities, and more. He is an outstanding practitioner, a teacher with international credentials, and an accomplished author. This book offers the reader both a thorough description of the history of homeopathy, and a glimpse into its future. The author faces contentious issues directly, and questions existing standards with rigour.

Dr Isaac Golden, Australia

- US$ 44.00 | € 30.00 | £ 25.00

Alastair Gray heads up the homeopathic medicine department nationally at Endeavour College of Natural Health. A dual sector role that involves running an advanced diploma in the vocational education sector, and a degree in the higher education sector, he is responsible for quality of the curriculum and the academic integrity of the programs. It’s a pivotal time in homeopathic education, with on the one hand, the expectation to respect its traditions, but also on the other, a need to demonstrate its commitment to research, critical thinking and evidence, all within the context of exponential shifts in thinking about pedagogy, and with the developments in online learning. He is a regular presenter in the US, UK, Europe, Asia, New Zealand and Australia. Clinical practice remains a significant feature of his work with a focus in the treatment of anxiety, depression, addiction and men's health. He has published four books and numerous articles on provings, as well as the first volume of this series, Case Taking.

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The Landscape of Homeopathic Medicine

METHOD

Exploring the breadth, context and application of different clinical approaches in the practice of homeopathy

Volume 2

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Foreword

When I first met Alastair Gray, not even a year ago, I was simultaneously impressed with his fine understanding of homeopathy and with his humble demeanor. Having read the first book of this series (Case Taking 2010), I had invited him to speak at the Joint American Homeopathic Conference in Alexandria, Virginia. With self-effacing candor, Alastair had the audience laughing about his practice and his encounters with patients in a well-used neighborhood of Sydney, where he treated predominantly addicts and other non-traditional homeopathic clients. It was quickly apparent to me that Alastair combined clarity of thought and depth of knowledge with the objectivity required to aim a critical lens at himself and his modality. Time has only strengthened my impression of a mind deeply rooted in the principles of the Organon, yet spread wide to new ideas in homeopathy.

It gives me great pleasure to introduce the second book in a series that, simply for its breadth and objectivity, is certain to become a classic. Method surveys with a scientific eye the prescribing techniques of the best-known teachers and practitioners of homeopathy. From Hahnemann to Sankaran, sixteen different methods of settling on a remedy based on different understandings of the phrase, “totality of symptoms.” Included in this volume are critical looks at Hahnemannian and Kentian prescribing (not the same thing!),
so-called “constitutional” prescribing, as well as isopathic and tautopathic prescribing, miasmatic and other types of intercurrent prescribing, group and family analyses and vital sensation prescribing, among others.

Alastair begins with the theory behind each method and compares the different approaches. The *Organon of Medicine*, for example, dictates that we should prescribe for the totality of the disease picture since the patient was last well. This differs substantially from Kent’s idea that we should prescribe for the totality of the person. It differs even more from a constitutional prescription that incorporates the totality of a patient’s strengths and weaknesses, their typology and their temperament, as well as from a prescription in which the totality is encompassed by a vital sensation. What are the implications of these various approaches? How would we expect the practitioners of these methods to prescribe? Did their actual prescribing line up with their writings?

Alastair examines these questions as they apply to a dozen different methods of homeopathic prescribing. And he examines the casebooks of these homeopaths to see how their prescribing matched their own writings or differed from their fellows. Where his own understanding of particular methods is not well developed, Alastair brings in three experts in their methods to lead the discussion. Shilpa Bouraskar, a Sydney homeopath and the developer of the HomeoQuest software, writes on the vital sensation method, when it is best applied, and includes one of her own cases. Jennifer Osborne, who practices and teaches in Brisbane, gives an overview of miasmatic prescribing. And Greg Cope, a Brisbane homeopath and lecturer at Endeavor College of Natural Health, explains the group analysis approach of Jan Scholten.

The upshot, of course, is that we now have a broad
prescribing tradition on which to draw, one that allows the homeopath to individualize method in the same way we individualize the remedy. Any homeopath who has been in practice knows that not everyone with a rash is willing to sit for a two-hour probe into the subconscious. Some patients will need a remedy for the lesion. Later, perhaps they will accept an organopathic remedy, and maybe after months or years will consider a more in-depth prescription.

On the other end of the spectrum, what are your options when, having taken the case, you have no physical or even functional pathology on which to prescribe? One might approach the case from several different angles, so what are the strengths and weaknesses of, say, Kentian, constitutional and vital sensation approaches? Each might be a good choice, but each grows from a different understanding of the totality of symptoms. Therefore, each method will incorporate different information in its analysis and require a different use of the research tools at hand, whether those be repertory, materia medica or online tools. If we are to use these different methods, we must know what each requires.

This is valuable information for the modern clinician wishing to hone her prescribing skills. For the student venturing into clinical work for the first time, Method will help to reconcile what has been taught with what he sees in the exam room. The great theorists have much to teach us about how homeopathy works ideally, but it often looks different in practice. A good practitioner will be able to navigate the different methods of prescribing, to know which is best for the individual patient and to apply these effectively.

Alastair Gray makes a rare figure in homeopathy today, a practitioner and teacher with the objectivity to analyze the disparate methods of homeopathy without favoring one
approach. Alastair has mapped here the entire terrain of
homeopathic prescribing, from Kentian to polypharmacy. He
surveys this landscape with an honest and critical eye, giving
both the new and the seasoned practitioner an opportunity to
reflect on what it is we do. I expect this book and its mates will
become required reading for all students of homeopathy.

Kim Elia
Toronto, November 2011
In the completion of this second part of the *Landscape Project*, some significant thanks are warranted. To offset my lack of an eye for detail, a massive thanks to Helen Vuletin for her extraordinary editorial support. She had the firmness, the clarity and the style guide to keep the author on message when he was often well off. She also has perseverance and patience in abundance. Much gratitude.

It’s a little difficult to remember every conversation, because there have been many over the years in relation to method in homeopathic medicine, but nevertheless there are some specific ones related to the contents of this book that stick in the mind. To Val Probert, Julie Andrews, Rachel Roberts, Judy Coldicott, Barbara Seideneck, Kate Chatfield, Frederik Schroyens, Richard Pitt, Simon Taffler, Greg Cope, David Levy, Carmen Nicotra, Misha Norland, Peter Tumminello, Ben Gadd, and Jen Osborne, many thanks for your insights, openness and robustness in expressing your opinions.

With averaging over three hundred lectures a year for the last decade or more I have been fortunate to have had a lot of opportunity to formulate and test my ideas. Thank you to the multitude of students who have listened to, and engaged in my lectures and conversations, and were ultimately responsible for the formation of many of the ideas expressed here. Thanks also for the challenges.

To the B. Jain team, especially Nishant and Geeta, and the Archibel team, Dale Emerson in particular, many thanks.
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of disharmony. Rather than being distracted by the outside with symptoms that represent the disease, these practitioners perceive that it is far better to attempt to create meaningful and lasting change with a prescription that gets to the very centre of the problem. This seductive idea is often borne out in practice. When done well, the results can be fantastic.

Some of the consequences of these ideas however are that we see bewildered, confused, and unconfident homeopathic students who are desperately interpreting their cases and getting average results and sometimes no results when they step out into practice. When this method is performed poorly, students and practitioners identify aspects of personality that have nothing to do with the disease. A disappointing consequence of this poor application is that many homeopaths feel the unnecessary duel dramas of anxiety and guilt that they are not curing their patients in the unrealistic and dramatic way in which they have idealised. And patients are none too happy either. This is not to say that some cases do not require deep questioning and evaluation that takes into account all the very mental and emotional components of the case.

**Totality of the Characteristics of the Person**

I have often wondered how it transpired that homeopathy started in the pursuit of curing the symptoms of the patient, but ended up in the 20th and 21st century (especially in the US, UK, Australia and New Zealand) as being articulated as a healing modality that cures the person. Recently I was in the US lecturing and I finally worked it out. It comes down to legalities. After the Flexner Report in the early years of the 20th century, homeopathy was legally under threat and smart
and flexible homeopaths realised that if they pitched their work as 'constitutional' or 'whole person' orientated, this was a way to ensure they would not be sued as practicing medicine without a license. It was a pragmatic solution. After a while, they started to believe their own media message, and with the influx of more psychologically presenting patients as the century progresses, the reorientation became concretised.

In a biomedical world, homeopaths have to wrestle with this conundrum. Hahnemann says, and virtually all homeopaths agree, symptoms are the outward signs of the internal and invisible disease. But then what? Hahnemann then seems to say that these symptoms are to be identified because they represent the disease. The job of a homeopath is to find these symptoms through good case taking, then remove them using the technical tools of the repertory, materia medica, the proving record and the selection of a homeopathic remedy that also has these signs and symptoms, and that this will relieve the suffering of the patient. A more metaphysical interpretation is that because those symptoms are merely the outward manifestation of the internal imbalance, one’s prescription of the infinitesimal dose should be pitched to that one specific internal disturbance. And in the Kentian tradition of course, this translates to a higher potency and perhaps just one dose.

To complicate matters, some homeopaths are biased toward this style of prescribing, and advocate getting to the centre to be more profound. These homeopaths perceive any other style of case taking as suppression on the vital force of the patient, driving the disease inward, and worse, making the patient sicker. Removing the symptoms deprives the organism
the opportunity to reveal to the homeopath the totality of symptoms, and therefore the medicine they need.

So on the one hand, we have the school of homeopaths that saw then and see now Kent’s work as advanced, even classical, see it as getting better results, deeper cures and anything else is seen as pathological and suppressive. On the other side, we see those who argue the method involves too much speculation. Homeopaths make the mistake of knowing they should be prescribing for the totality but then choose all the symptoms they can see, rather than those which are characteristic, or strange, rare and peculiar. It is argued on this side that going for large totalities messes up our cases and makes our practices less busy. It is hard, we do not always get it right, it is less mathematical, and not as certain.

**James Tyler Kent (1849-1916)**

With the two schools identified, it must be acknowledged that homeopathy took a turn in the 1880s under the influence of Kent. He completed his medical degree at the Eclectic Medical Institute in Cincinnati, Ohio in 1871. According to Pierre Schmidt, his entire medical study apparently lasted 4 months. He began a medical practice in St Louis, Missouri in 1874 and taught anatomy at the American Medical College. This was the 1870s, the civil war was just finished, and north and south were putting back the pieces of their country. In Europe, Monet was painting, Garibaldi was walking, and Bismarck was unifying Germany. Disraeli and Gladstone were yelling at each other in the House of Commons.

Kent’s first wife, Ellen, died in 1872, at the age of 19 years.
He moved to Missouri as he had some family there and married his second wife Lucy. He became a professor (of anatomy at first), though there was no pay for the title and it did not hold the prestige it would today. His first publication, *Sexual Neuroses* came out in 1879. In 1880 (some argue 1878), Lucy became ill and was cured by a Dr Phelan, who had studied homeopathy with Hering. Intrigued, Kent left the Eclectic School to take up the study of homeopathy officially, though he had done some earlier reading on the subject. He became professor of materia medica at the Homoeopathic Medical College in Missouri, one of the oldest in the US. In those early days, Kent used Bönninghausen's *Therapeutic Pocketbook* as his repertory. Later he accepted a position of professor of anatomy at the Homoeopathic Medical College of St Louis in 1881, becoming professor of materia medica in 1883.

In 1890, he founded the Post-Graduate School of Homoeopathics in Philadelphia, and by this time the influence of the Swedenborg Church was diffusing into in his lecturing work and writings. The school and its free clinic flourished. By the time it closed in 1900, it had seen over 40,000 patients, and trained many physicians, all of whom became the leaders in the homeopathic movement and kept homeopathy alive in the United States and the United Kingdom through the first half of the 20\textsuperscript{th} century.

Lucy died in October 1895 and Kent married Clara Louise in 1896. She was already a physician herself. It is said that she had consulted many famous homeopathic physicians and each of them had prescribed her *Lachesis*. Kent studied her case carefully and concluded that she was presenting with a proving of *Lachesis* that had become iatrogenic, lasting many
years. Kent predicted she would have *Lachesis* symptoms all her life. Together with others they established the Bryn Athyn Chapter of the New Church of Emmanuel Swedenborg, whose theology influenced the work of Kent and his *Lectures on Homoeopathic Philosophy* particularly.

Kent believed that both Hahnemann's and Swedenborg's teachings corresponded perfectly. Swedenborg's influence was immense, for instance, Kent's adoption of the psyche in three levels: the loves and hates (Swedenborg's Soul), the rational mind (Swedenborg's Reason and Intellect) and the memory (also Swedenborg's Memory). Kent's lectures on the Organon are deeply infused with the religious philosophy he practised and believed. Through his students' insistence, these lectures were later published as the *Lectures on Homoeopathic Philosophy* (1900), a fascinating fusion of Hahnemann and Swedenborg’s ideas. In 1900, Kent and Clara moved to Evanston Chicago where they lived near the Farringtons (Harvey and Ernest) and other followers of Swedenborg. Kent practised in a busy street just off Michigan Ave. He lectured at the Dunham Medical College. Carol Dunham himself lived in New York and had been a student of Bönninghausen in Germany. Kent then lectured at the Hahnemann Medical College in Chicago, and also the Hering College. In November 1910, Kent founded the Society of Homoeopathicians, and also edited the new *Homoeopathician* Journal. Kent died on June 5th 1916 of chronic glomerulo nephritis aged 67. He was buried in Stephensville, Montana.

**Kent's Legacy**

The legacy of Kent is incalculable. Generations of homeopaths
have been taught by his students, in the same tradition and with his attitudes and values. But his star is not shining as brightly in the last decade or so as academics have explored the influence of Swedenborg on homeopathy. Whilst Kent went on to become a homeopathic household name after his death, and his influence extinguished Hughes interpretations of homeopathic philosophy in the trans-Atlantic battle for supremacy in the mid 1800s, a revision of his role is being re-emphasised in homeopathic history. Klaus-Hening Gypser in particular has maintained his life and work have been mythologised unnecessarily. Acknowledging his influence as a popular teacher and a brilliant practitioner, the value and consequences of his influence have been questioned. To my mind, it is entirely appropriate to review and argue the role of significant historical figures. It is all part of academic rigor and robust enquiry. Swedenborg's huge influence on modern homeopathy deserves exploration. However, and bizarrely, the debate has rather settled on the role of Kent in homeopathy due to questions about his parentage. The 'evidence' is that Kent was born the son of Stephen and Caroline Kent. However, on his death certificate different names are given, which has given rise to speculation about his parentage. This, plus the fact that he was married three times but had no children, has implied for some that he was either infertile, or knew of his uncertain parentage and so avoided having children who might have been genetically unfit. In addition, some commentators have argued that because he was schooled out of Woodhull, apparently this suggests the Puritans in his county knew of his incestuous birth and sent him away. Nevertheless, after Hahnemann, Kent has had the largest influence as a theoretician, a practitioner, a writer and as a teacher on homeopathy. His influence has been
especially strong on American, Indian and British homeopathy while the western European homeopaths seem to have been largely untouched by his influence, except in Switzerland and the influence of Pierre Schmidt.

**Swedenborg**

In 1840, there were 850 Swedenborgians in America. By 1870, there were 18,700. The New Church had a high proportion of doctors in its total membership. 'Nearly all rejected allopathy for some other medical system, and most of those who rebelled chose homeopathy, and many ministers not only endorsed it but were physicians themselves (Treuherz 1984).

Francis Treuherz has explored the influence of Kent in depth.

As a follower of the Christian mystical sect of Immanuel Swedenborg, Kent delivered a blend of Hahnemann's Organon and miasm theory, spiritual forces and an early pre-Freudian psychology. The human being was comprised of will, understanding and intellect. Kent approached his philosophy with typical vigour. He viewed all Hahnemann's works and especially The Organon with a fundamentalist zeal, seeking to amplify and reinterpret every word of the Master, much like a theology scholar or biblical commentator. His Lectures On Philosophy, for example, is almost a Swedenborgian commentary to the Organon. This has alienated some. To him these were precious and immutable homoeopathic truths that it is sacrilege even to question, let alone dilute, negotiate or compromise. He even goes as far as saying:

'Can man meditate and become an Atheist? A man who
cannot believe in God cannot become a Homoeopath.' [Kent, 1926, Aphorisms]

It is especially in Kent's rather arrogant use of language, which hits us when reading his works, which really illustrates this fundamentalism and the precious certainty of his approach to homoeopathy. The following quote from many possible ones, clearly demonstrates this:

'...beware of the opinions of men of science. Hahnemann has given us principles...it is law that governs the world and not matters of opinion or hypotheses. We must begin by having a respect for law, for we have no starting point unless we base our propositions on law.' [Kent, 1900, Lectures, p.18]

Kent infers that homoeopaths must base their whole approach upon the hard dogmatism of these ideas, which he elevates to the status of certitudes, and not upon the ever-shifting ideas of 'mere men'. He is claiming a great authority and power behind such 'immutable principles', a power which like some divine form, stands 'above and behind us' and which we dare not abrogate or dilute for fear of our Soul's damnation.

As an attitude, this is so indistinguishable from that of fundamentalist religion, that it is clearly apparent how this form of homoeopathy possessed, and generated for itself, so many problems with creative and imaginative people who much prefer to experiment and find truths out for themselves, e.g. Samuel Hahnemann. This whole approach denies anyone the privilege or luxury of that kind of freedom. Total and unquestioning devotion to a given creed seems to be the basis of Kentianism, not reason or real-world experiment. As to whether Kent was truly a Hahnemannian homoeopath, see Hehr, 1995 and Cassam, 1999.